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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	SEALED 3.0-042
	First Inventor	David Rives
	Title	CORRUGATED FOAM/FILM LAMINATES
	Express Mail Label No. EV313691489US	

22154 10/7/16922
U.S.

111903

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 24] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4] 5. Oath or Declaration [Total Sheets 2] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 	
ACCOMPANYING APPLICATION PARTS			
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [Power of Attorney] 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 [Copies of IDS Citations] 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <i>Applicant must attach form PTO/SB/35 or its equivalent.</i> 17. <input type="checkbox"/> Other: _____			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

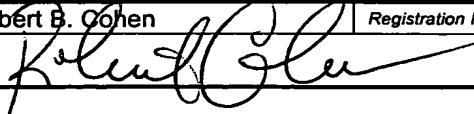
 Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

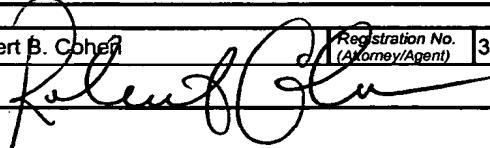
Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	000530	OR	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	Robert B. Cohen	Registration No. (Attorney/Agent)	32,768
Signature			Date November 19, 2003

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2>		Complaint if Known		
<small>Effective 10/01/2003. Patent fees are subject to annual revision.</small>		Application Number Not Yet Assigned	Filing Date Concurrently Herewith	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor David Rives	Examiner Name Not Yet Assigned	
TOTAL AMOUNT OF PAYMENT (\$) 842.00		Art Unit N/A	Attorney Docket No. SEALED 3.0-042	
METHOD OF PAYMENT (check all that apply)		FEES CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:		3. ADDITIONAL FEES		
Deposit Account Number 12-1095		Large Entity Small Entity	Fee Description	Fee Paid
Deposit Account Name Lerner, David, Littenberg, Krumholz & Mentlik, LLP		Fee Code Fee (\$)	Fee Code Fee (\$)	
The Director is authorized to: (check all that apply)		1051 130 2051 65 Surcharge - late filing fee or oath <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		
FEES CALCULATION		1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet. 1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for ex parte reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month 1252 420 2252 210 Extension for reply within second month 1253 950 2253 475 Extension for reply within third month 1254 1,480 2254 740 Extension for reply within fourth month 1255 2,010 2255 1,005 Extension for reply within fifth month 1401 330 2401 165 Notice of Appeal 1402 330 2402 165 Filing a brief in support of an appeal 1403 290 2403 145 Request for oral hearing 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive - unavoidable 1453 1,330 2453 665 Petition to revive - unintentional 1501 1,330 2501 665 Utility issue fee (or reissue) 1502 480 2502 240 Design issue fee 1503 640 2503 320 Plant issue fee 1460 130 1460 130 Petitions to the Commissioner 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1806 180 1806 180 Submission of Information Disclosure Stmt 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b)) 1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify)		
1. BASIC FILING FEE		SUBTOTAL (1) (\$) 770.00		
Large Entity Small Entity				
Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid	
1001 770	2001 385	Utility filing fee	770.00	
1002 340	2002 170	Design filing fee		
1003 530	2003 265	Plant filing fee		
1004 770	2004 385	Reissue filing fee		
1005 160	2005 80	Provisional filing fee		
SUBTOTAL (1) (\$) 770.00				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				
Total Claims 24 -20** = 4 x 18.00 = 72.00				
Independent Claims 2 -3** = x = 0.00				
Multiple Dependent				
Large Entity Small Entity				
Fee Code (\$)	Fee Code (\$)	Fee Description		
1202 18	2202 9	Claims in excess of 20		
1201 86	2201 43	Independent claims in excess of 3		
1203 290	2203 145	Multiple dependent claim, if not paid		
1204 86	2204 43	** Reissue independent claims over original patent		
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$) 72.00				
<small>**or number previously paid, if greater; For Reissues, see above</small>				
<small>*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)</small>				
SUBMITTED BY (Complete if applicable)				
Name (Print/Type)	Robert B. Cohen		Registration No. (Attorney/Agent)	32,768
Signature			Date	November 19, 2003